

U.S. Department of Labor

Employee Benefits Security Administration
Washington District Office
1335 East-West Highway, Suite 200
Silver Spring, MD 20910-3225

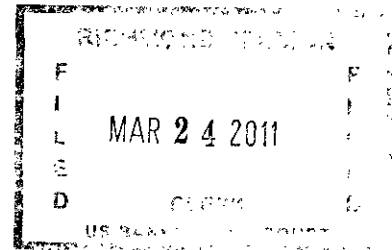
(202) 693-8700 FAX: (202) 693-8736



MAR 18 2011

Certified Mail Number: 7011 0110 0000 3786 5031

William C. Redden, Clerk of Court
United States Bankruptcy Court
701 E. Broad Street, Suite 4000
Richmond, Virginia 23219



Re: Circuit City Stores, Inc.
Case No. 08-35653

Dear Mr. William C. Redden:

Enclosed are an original and three copies of the Withdrawal of the Proof of Claim which is being filed by the United States Department of Labor. Please file the original and return a date stamped copy in the enclosed postage pre-paid mailer.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Mabel Capolongo".

Mabel Capolongo
Regional Director
Philadelphia Region

Enclosures: Proof of Claim
Postage Paid Envelope

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE
EASTERN DISTRICT OF VIRGINIA

: IN RE: :

: Circuit City Stores, Inc. : Case No. : 08-35653

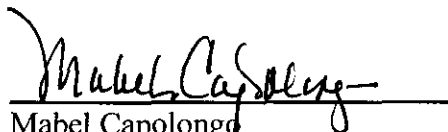
: Debtor. :

U. S. DEPARTMENT OF LABOR, EMPLOYEE BENEFITS
SECURITY ADMINISTRATION'S NOTICE OF
WITHDRAWAL OF PROOF OF CLAIM

YOU ARE HEREBY NOTIFIED that the U. S. Department of Labor, Employee
Benefits Security Administration's liquidated proof of claim is hereby WITHDRAWN.

DATED: 3/18/2011

Respectfully submitted,



Mabel Capolongo
Regional Director
Employee Benefits Security Administration
U.S. Department of Labor
Philadelphia Region

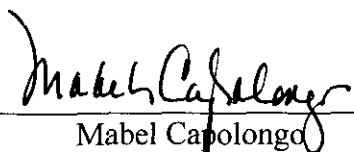
CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing United States
Department of Labor, Employee Benefits Security Administration's Notice of
Withdrawal of Claim was sent first class mail this 18 day of March
2011, to the following:

Dion W. Hayes, Esq.
Douglas M. Foley, Esq.
McGuireWoods LLP
One James Center
901 East Cary Street
Richmond, VA 23219

Gregg M. Galardi, Esq.
Ian S. Fredericks, Esq.
SKADDEN, ARPS, SLATE,
MEAGHER & FLOM LLP
One Rodney Square
P.O. Box 636
Wilmington, Delaware 19899-0636

COUNSEL FOR THE DEBTOR



Mabel Capolongo
Regional Director

UNITED STATES BANKRUPTCY COURT

Eastern District of Virginia

COPY PROOF OF CLAIM

Name of Debtor:
Circuit City Stores, Inc.

Case Number:
08-35653

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
U.S. Department of Labor, Employee Benefits Security Administration

☐ Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

Court Claim Number: _____
(If known)

U.S. Department of Labor, Employee Benefits Security Administration
1335 East-West Highway, Suite 200, Silver Spring, MD 20910

Telephone number:
(202) 693-8700

Filed on: _____

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

☐ Check this box if you are the debtor or trustee in this case.

Amount of Claim as of Date Case Filed: \$ unliquidated

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Specify the priority of the claim.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

Basis for Claim: "Other" - 29 USC 1001
(See instruction #2 on reverse side.)

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

Last four digits of any number by which creditor identifies debtor: 4062

☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

☒ Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

☐ Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Value of Property: \$ _____ Annual Interest Rate: % _____

☐ Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount entitled to priority:

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

\$ _____

Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER ANNOUNCING.

If documents are not available, please explain:

Date:
3/21/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

RECEIVED

MAY 08 2009

Mabel Caplan

MABEL CAPLAN, Regional Director

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 1343 and 3571.

UNITED STATES BANKRUPTCY COURT Eastern District of Virginia

PROOF OF CLAIM

Name of Debtor:
Circuit City Stores, Inc.

Case Number:
08-35653

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
U.S. Department of Labor, Employee Benefits Security Administration

Name and address where notices should be sent:

U.S. Department of Labor, Employee Benefits Security Administration
1335 East-West Highway, Suite 200, Silver Spring, MD 20910

Telephone number:
(202) 693-8700

☒ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: 12938
(If known)

Filed on: 05/08/2009

Name and address where payment should be sent (if different from above):

Plan Administrator/Plan Trustee
If payment is to be made, please contact
USDOLEBSA at the address above.

Telephone number:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 53,121.82 - Pension Plan's lost earnings; and partially liquidated Dental Plan claims - \$ 860,627.57
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: "Other" - 29 USC 1001
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 4062

3a. Debtor may have scheduled account as:
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☒ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

Amount entitled to priority:

\$ 3975.45 - Pension Plan

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

FOR COURT USE ONLY

Date: 09/24/2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Maikel Capalongo Regional Director

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FD-10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT

Eastern District of Virginia

PROOF OF CLAIM

Name of Debtor:
Circuit City Stores, Inc.

Case Number:
08-35653

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
U.S. Department of Labor, Employee Benefits Security Administration

☒ Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

U.S. Department of Labor, Employee Benefits Security Administration
1335 East-West Highway, Suite 200, Silver Spring, MD 20910

Court Claim Number: 14666
(If known)

Telephone number:
(202) 693-8700

Filed on: 09/28/2009

Name and address where payment should be sent (if different from above):

Plan Administrator/Plan Trustee
(If payment is to be made, please call USDOL/EBSA at 202-693-8700 for address where payment should be sent)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:
(202) 693-8700

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 53,121.82

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

2. Basis for Claim: "Other" - 29 USC 1001
(See instruction #2 on reverse side.)

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 4062

☐ Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).

3a. Debtor may have scheduled account as:
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

☒ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

☐ Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. §507(a)().

Amount entitled to priority:

\$ 3,975.95

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:
06/11/2010

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

JUN 14 2010

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

COPY

Circuit City Stores, Inc. vs Processing
c/o Kurtzman Carson Consultants LLC
2335 Alaska Ave
El Segundo, CA 90245

PAGE 7 of 7 SS
US POSTAGE PAID
EL SEGUNDO CA
PERMIT NO. 45049

**US Department of Labor Employee Benefits Security
Administration
1335 East West Hwy Ste 200
Silver Spring, MD 20910**

PROOF OF CLAIM CONFIRMATION

Your proof of claim filed against Circuit City Stores, Inc.,
case no 08-35653 was received on 9/28/2009
and assigned claim number 14666

For more information, please visit www.kccllc.net/circuitcity or call 1-866-381-9160

Circuit City Stores, Claims Processing
c/o Kurtzman Carson Consultants LLC
2335 Alaska Ave
El Segundo, CA 90245

FIRST CLASS
US POSTAGE PAID
EL SEGUNDO CA
PERMIT NO. 45049

**US Department of Labor Employee Benefits Security
Administration
1335 East West Hwy Ste 200
Silver Spring, MD 20910**

PROOF OF CLAIM CONFIRMATION

Your proof of claim filed against Circuit City Stores, Inc.,
case no 08-35653 was received on 5/8/2009
and assigned claim number 12938

For more information, please visit www.kccllc.net/circuitcity or call 1-866-381-9160